

Solvent recycling by distillation - 70,000 gal/mo.

Oil re-refining by filtering, chemical treatment, distillation, and hydrotreating. - 833,000 gal/mo.
- Of the above volume, only K051 and K052 are listed in III A (Form 3). Waste lubricating oil is not yet listed by the federal government as hazardous. Lube oil will be the main component of the oil re-refining feed stock.

EPA Region 5 Records Ctr.

285134

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. For hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on a basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure to account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in the list of process codes to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "C" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on the next line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimate per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes which are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO. 1-2	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in 1)
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

FORM 1 GENERAL	 EPA	ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px;"> F I L D 0 6 6 9 1 8 3 2 7 </div>																																																						
II. POLLUTANT CHARACTERISTICS <p>INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column. If the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">SPECIFIC QUESTIONS</th> <th colspan="3">MARK 'X'</th> <th rowspan="2">SPECIFIC QUESTIONS</th> <th colspan="3">MARK 'X'</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>FORM ATTACHED</th> <th>YES</th> <th>NO</th> <th>FORM ATTACHED</th> </tr> </thead> <tbody> <tr> <td>A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)</td> <td></td> <td>X</td> <td></td> <td>B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)</td> <td></td> <td>X</td> <td></td> <td>D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)</td> <td>X</td> <td></td> <td></td> <td>F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)</td> <td></td> <td>X</td> <td></td> <td>H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>I. 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EPA I.D. NO. (enter from page 1)													
5	4	3	2	1	0	9	8	7	6	5	4	T/A	C
F	I	L	D	0	6	6	9	1	8	3	2	7	3
1	2	3	4	5	6	7	8	9	10	11	12	13	14

F6A/55

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

F6A/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, seconds)												LONGITUDE (degrees, minutes, seconds)											
38 36 00												09 11 01											
65 66 67 68 69 70 71												72 73 74 75 76 77 78											

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER												2. PHONE NO. (area code & no.)											
E																							
3. STREET OR P.O. BOX												4. CITY OR TOWN											
F												G											
5. ST.												6. ZIP CODE											

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Clayton Chemical Co.	<i>Raymond</i>	11-3-80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Clayton Chemical Co.	<i>Raymond</i>	11-3-80

Elsewhere Classified - Solvent Reclamation

C. THIRD

7 2869 (specify) Industrial Organic Chemical
- Solvent Reclamation-

VIII. OPERATOR INFORMATION

A. NAME

8 Clayton Chemical Comp

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer)

F = FEDERAL M = PUBLIC (other than federal or state)
S = STATE O = OTHER (specify) P
P = PRIVATE

E. STREET OR P.O. BOX

1 Mobile St

F. CITY OR TOWN

B Saugat

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)

D. PSD (Air Emission)

C	T	I
9	N	

C	T	I
9	P	

B. UIC (Underground Injection of Fluids)

E. OTH

C	T	I
9	U	

C	T	I
9	2	1979

C. RCRA (Hazardous Wastes)

E. OTH

C	T	I
9	R	

C	T	I
9	2	1631

XI. MAP

Attach to this application a topographic map of the area extending the outline of the facility, the location of each of its existing and treatment, storage, or disposal facilities, and each well where it in water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Recycling of organic solvents
Re-refining of lubricating

XIII. CERTIFICATION (see Instructions)

I certify under penalty of law that I have personally examined and attachments and that, based on my inquiry of those persons in application, I believe that the information is true, accurate and complete, and that I am not providing false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)

B. SIGNATURE

B. R. Haney - Vice President

BA

COMMENTS FOR OFFICIAL USE ONLY

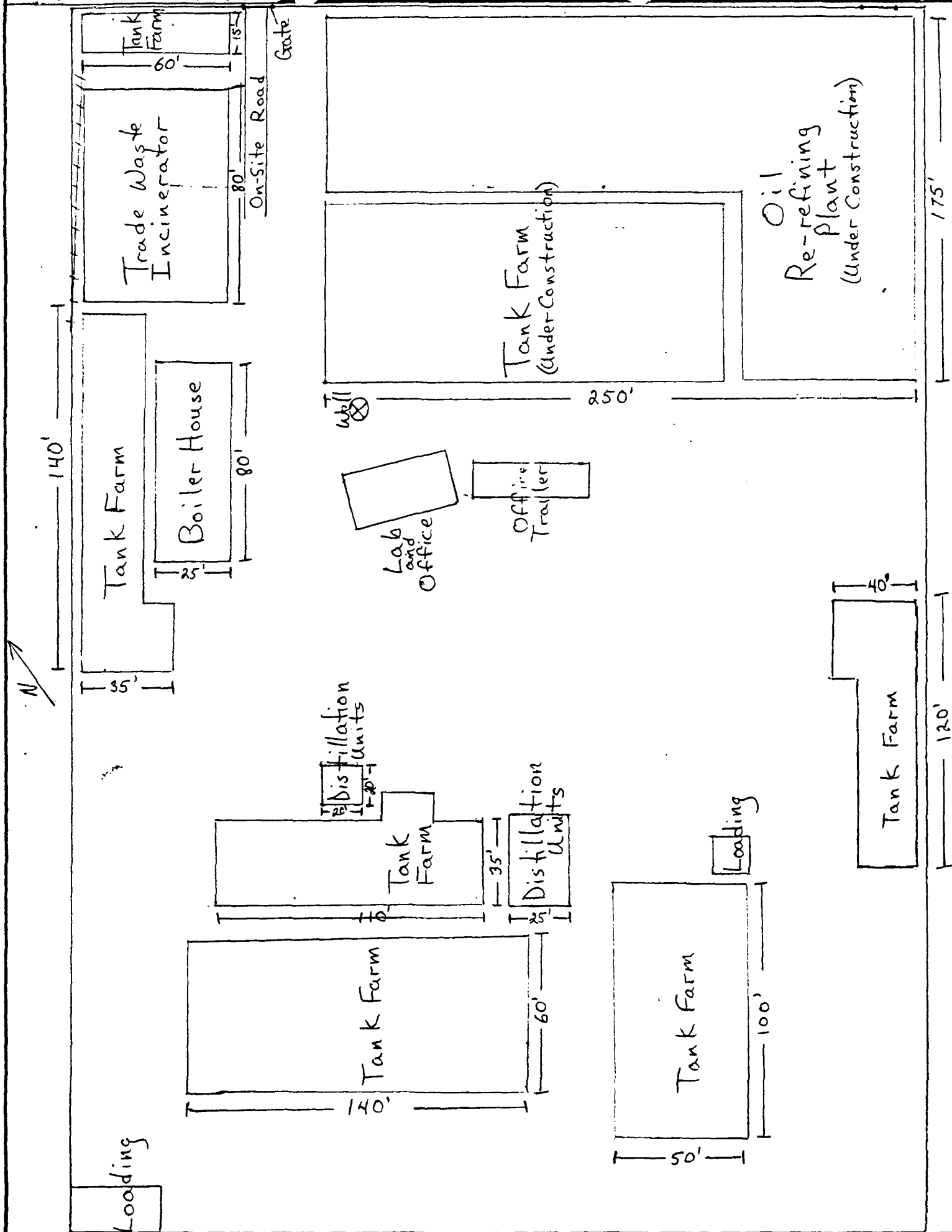
C	T	I

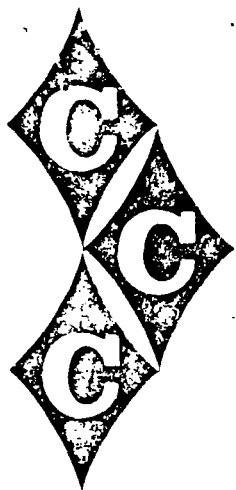
EPA Form 3510-3 (6-80) PAGE 1 OF 5 CONTINUE ON RE

EPA I.D. NUMBER (enter from page 1)												FOR OFFICIAL USE ONLY											
W I L D 0 6 6 9 1 8 3 2 7 3 1												W DUP 3 2 DUP											
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																							
WASTE NO.	HAZARD WASTE NO. (enter code)	ESTIMATED ANNUAL QUANTITY OF WASTE	UNIT OF MEASURE (enter code)	D. PROCESSES																			
				1. PROCESS CODES (enter)																			
				2. PROCESS DESCRIPTION (if a code is not entered in D(1))																			
1	F001	122.500000	P	S01 S02 T04																			
2	F002	120.000000	P	S01 S02 T04																			
3	F003	125.000000	P	S01 S02 T04																			
4	F004	1.000000	P	S01 S02 T04																			
5	F005	122.500000	P	S01 S02 T04																			
6	K051	250.000000	P	S01 S02 T04																			
7	K052	500.000000	P	S01 S02 T04																			
8	U002	35.000000	P	S01 S02 T04																			
9	U019	32.500000	P	S01 S02 T04																			
10	U031	33.000000	P	S01 S02 T04																			
11	U112	30.000000	P	S01 S02 T04																			
12	U140	37.000000	P	S01 S02 T04																			
13	U154	31.000000	P	S01 S02 T04																			
14	U159	33.500000	P	S01 S02 T04																			
15	U161	36.000000	P	S01 S02 T04																			
16	U210	38.000000	P	S01 S02 T04																			
17	U220	31.000000	P	S01 S02 T04																			
18	U226	30.500000	P	S01 S02 T04																			
19	U228	35.500000	P	S01 S02 T04																			
20	U239	33.000000	P	S01 S02 T04																			
21																							
22																							
23																							
24																							
25																							
26																							



V. FACILITY DRAWING (see page 4)





Clayton Chemical Co.

Photo taken
toward the SW.

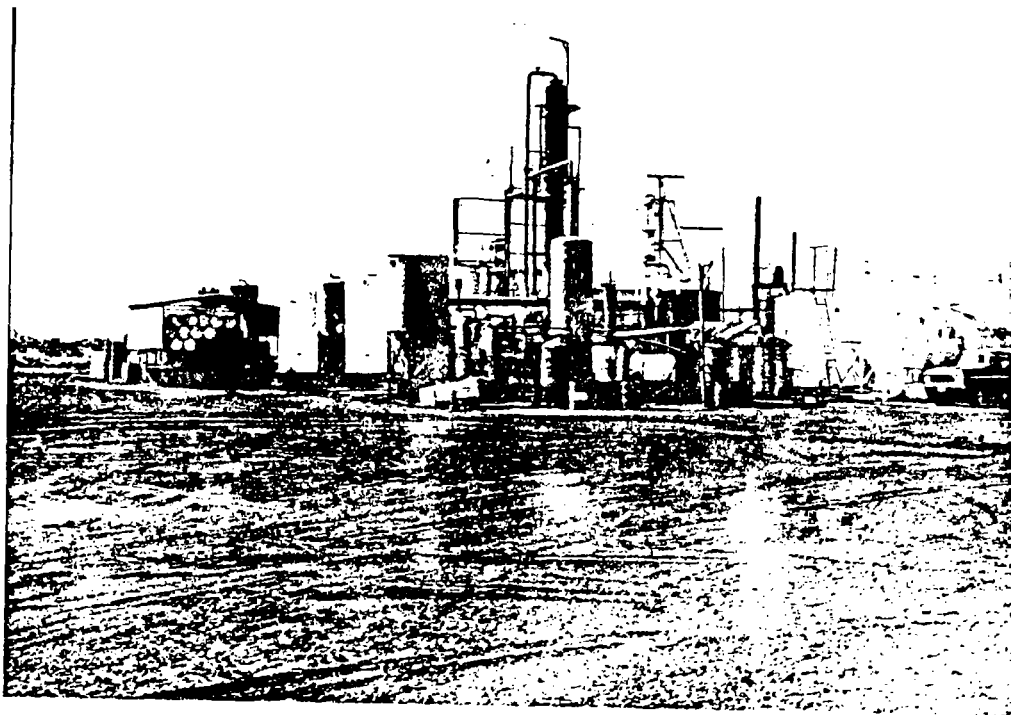
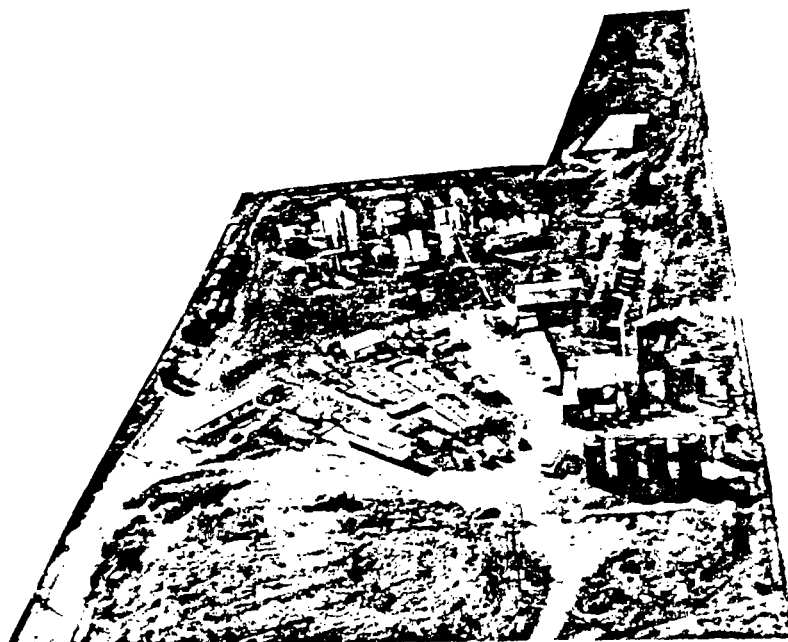


Photo taken
toward the So.



10 South Brentwood Blvd., Clayton, Missouri 63105 • Telephone (314) 726-6320
Plant 1 Mobile Ave., Sauget, Illinois 62201 • Telephone (618) 271-0467